

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-212683

Date Filed

January 9, 2018

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Olam America's

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

60 Distribution Blvd Edison, New Jersey 08817

**3a. Employer Representative - Name and Title**

William Rose

**3b. Address (If same as 2b - state same)**

Same

**3c. Tel. No.**

732 985 4730

**3d. Cell No.**

**3e. Fax No.**

732 985 4731

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Wholesaler

**4b. Principal product or service**

Coca

**5a. City and State where unit is located:**

Edison, New Jersey

**5b. Description of Unit Involved**

**Included:** All full and regular part time warehouse employees, including hi-lo/fork lift drivers, order pickers, and warehouse clerks

**Excluded:** All office clerical employees, professional employees, guards, and supervisors as defined in the Act, and all other employees.

**6a. No. of Employees in Unit:**

6

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) 1/8/2018 and Employer declined recognition on or about no reply (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

none

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? \_\_\_\_\_**  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
none

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

ASAP

**11c. Election Time(s):**

12:00pm to 1:00pm

**11d. Election Location(s):**

In the lunch room at the employer's 60 Distribution Boulevard, Edison, New Jersey facility.

**12a. Full Name of Petitioner (including local name and number)**

Local 713 I.B.O.T.U., U.M.D., I.L.A., AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**

400 Garden City Plaza Suite 106 Garden City N.Y. 11530

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Brotherhood of Trade Unions, United Marine Division, International Longshoremen Association, AFL-CIO

**12d. Tel No.**

516 741 5564

**12e. Cell No.**

516 578 4963

**12f. Fax No.**

516 741 2358

**12g. E-Mail Address**

LOCAL713@OPTONLINE.NET

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Kevin Watts Business Agent

**13b. Address (street and number, city, state, and ZIP code)**

400 Garden City Plaza Suite 106 Garden City, N.Y. 11530

**13c. Tel No.**

516 741 5564

**13d. Cell No.**

516 578 4963

**13e. Fax No.**

516 741 2358

**13f. E-Mail Address**

LOCAL713@OPTONLINE.NET

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

KEVIN WATTS

**Signature**

**Title**

Business agent

**Date**

1/8/2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-213487

Date Filed

JAN 24, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Village Supermarkets

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

435 Elizabeth Avenue Somerset, New Jersey 08873

3a. Employer Representative - Name and Title

John John Sumas- Personnel Director

3b. Address (If same as 2b - state same)

733 Mountain Avenue Springfield, New Jersey 07081

3c. Tel. No.

973-467-2200 ext 329

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Grocer

4b. Principal product or service

Retail Food

5a. City and State where unit is located:

Somerset, New Jersey

5b. Description of Unit Involved

Included: Porters, Carriage Employees, and Receivers Part- time and Full- Time

Excluded:

6a. No. of Employees in Unit:

11

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 1/23/18 and Employer declined recognition on or about (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

UFCW Local 464A (meat, deli, and seafood) None (in proposed unit)

8b. Address

245 Paterson Avenue Little Falls, New Jersey 07424

8c. Tel No.

973-256-6790

8d. Cell No.

8e. Fax No.

973-256-1509

8f. E-Mail Address

ufcw464a@erols.com

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
February 6, 2018

11c. Election Time(s):  
11-2 pm and 4-7pm

11d. Election Location(s):  
ShopRite Somerset

12a. Full Name of Petitioner (including local name and number)  
United Food and Commerical Workers 464A

12b. Address (street and number, city, state, and ZIP code)  
245 Paterson Avenue Little Falls, New Jersey 07424

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
United Food and Commerical Workers International Union AFL- CIO

12d. Tel No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Richard J. Whalen, Sec. Tre

13b. Address (street and number, city, state, and ZIP code)  
245 Paterson Avenue Little Falls, New Jersey 07424

13c. Tel No.

973-256-6790

13d. Cell No.

13e. Fax No.

973-256-1509

13f. E-Mail Address

ufcw464a@erols.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Richard J. Whalen

Signature



Title

Secretary- Treasurer

Date

1/23/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-213661

Date Filed

January 26, 2017

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Village Supermarkets

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

2239 US 9 Old Bridge, New Jersey 08857

3a. Employer Representative - Name and Title

John John Sumas- Personnel Director

3b. Address (if same as 2b - state same)

733 Mountain Avenue Springfield, New Jersey 07081

3c. Tel. No.

973-467-2200 ext 329

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Grocer

4b. Principal product or service

Retail Food

5a. City and State where unit is located:

Old Bridge, New Jersey

5b. Description of Unit Involved

Included: Porters and Carriage Employees Part and Full Time

Excluded:

6a. No. of Employees in Unit:

4

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 1/25/18 and Employer declined recognition on or about (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

UFCW Local 464A (meat, deli, seafood) None (in proposed unit)

8b. Address

245 Paterson Avenue Little Falls, New Jersey 07424

8c. Tel No.

973-256-6790

8d. Cell No.

8e. Fax No.

973-256-1509

8f. E-Mail Address

ufcw464a@erols.com

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating?

(Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

February 6, 2018

11c. Election Time(s):

2-5pm

11d. Election Location(s):

Old Bridge ShopRite Breakroom

12a. Full Name of Petitioner (including local name and number)

United Food and Commercial Workers Local 464A

12b. Address (street and number, city, state, and ZIP code)

245 Paterson Avenue Little Falls, New Jersey 07424

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

United Food and Commercial Workers International Union AFL - CIO

12d. Tel No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Richard J Whalen

13b. Address (street and number, city, state, and ZIP code)

245 Paterson Avenue Little Falls New Jersey 07424

13c. Tel No.

973-256-6790

13d. Cell No.

13e. Fax No.

973-256-1509

13f. E-Mail Address

ufcw464a@erols.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Elizabeth Krayl

Signature

Elizabeth Krayl

Title

Organizing Director

Date

1/25/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-213764

Date Filed

JAN 29, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Genesis Healthcare, LLC

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
292 Applegarth Road, Monroe Township, NJ 08831

**3a. Employer Representative - Name and Title**  
Ray Medina, Administrator

**3b. Address** (if same as 2b - state same)  
same

**3c. Tel. No.**  
(609) 860-2500

**3d. Cell No.**

**3e. Fax No.**  
(609) 860-2767

**3f. E-Mail Address**  
ramon.medina@genesishcc.com

**4a. Type of Establishment** (Factory, mine, wholesaler, etc.)  
nursing home

**4b. Principal product or service**  
health care

**5a. City and State where unit is located:**  
Monroe Township, NJ 08831

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time, including per diem, Licensed Practical Nurses (LPNs) employed at the Employer's Cranbury Center, residual to the existing master collective bargaining unit currently represented by 1199 SEIU United Healthcare Workers East.

**Excluded:** All other employees, guards and supervisors as defined in the Act

**6a. No. of Employees in Unit:**  
Approximately 25

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (if no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent** (if none, so state).  
None

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any** (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (if none, so state)  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
February 23, 2018

**11c. Election Time(s):**  
6:30 a.m. to 8:00 a.m. & 2:30 p.m. to 4:00 p.m.

**11d. Election Location(s):**  
Employee Break Room at the Employer's Cranbury Center

**12a. Full Name of Petitioner** (including local name and number)  
1199 SEIU United Healthcare Workers East

**12b. Address** (street and number, city, state, and ZIP code)  
555 Route 1 South, 3rd Fl., Iselin, NJ 08830

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Service Employees International Union

**12d. Tel No.**  
732-287-8113

**12e. Cell No.**

**12f. Fax No.**  
732-287-8117

**12g. E-Mail Address**  
rhina.molina@1199.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** William S. Massey, Esq.

**13b. Address** (street and number, city, state, and ZIP code)  
Gladstein, Reif & Meginniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003

**13c. Tel No.**  
212-228-7727

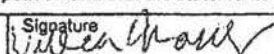
**13d. Cell No.**

**13e. Fax No.**  
212-228-7654

**13f. E-Mail Address**  
wmassey@grmny.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
William S. Massey

**Signature**  


**Title**  
Attorney

**Date**  
January 29, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>ZZ-CA-714129</b>	Date Filed <b>Feb 2, 2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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<b>2a. Name of Employer</b> Freight Solutions Providers		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1170 McLester Street, Elizabeth, NJ 07201	
<b>3a. Employer Representative - Name and Title</b> Frank Hutschneider		<b>3b. Address</b> (If same as 2b - state same) same	
<b>3c. Tel. No.</b> 1-800-562-9915	<b>3d. Cell No.</b> 732-428-2315	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Freight forwarder		<b>4b. Principal product or service</b> Transportation logistics solutions	<b>5a. City and State where unit is located:</b> Elizabeth, NJ
<b>5b. Description of Unit Involved</b> Included: Drivers/Dock loading workers  Excluded: All other employees			<b>6a. No. of Employees in Unit:</b> 7  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

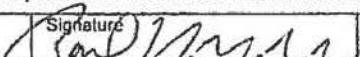
**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above.</b> (If none, so state)			

<b>10a. Name</b> None.	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> February 14, 2018	<b>11c. Election Time(s):</b> 6:00 a.m.-1:30 p.m.	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner</b> (Including local name and number) International Brotherhood of Teamsters, Local 560		<b>12b. Address</b> (street and number, city, state, and ZIP code) 707 Summit Avenue Union City NJ 07087	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Brotherhood of Teamsters			

<b>12d. Tel No.</b> 201-864-0051	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 201-864-4177	<b>12g. E-Mail Address</b> harold1230@aol.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Paul A. Montalbano, Esq., Legal Counsel		<b>13b. Address</b> (street and number, city, state, and ZIP code) 669 River Drive, Suite 125, Elmwood Park NJ 07407	
<b>13c. Tel No.</b> 908-298-8800	<b>13d. Cell No.</b> 201-	<b>13e. Fax No.</b> 908-298-9333	<b>13f. E-Mail Address</b> montalbanoemai@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Paul A. Montalbano	<b>Signature</b> 	<b>Title</b> Legal Counsel	<b>Date</b> February 2, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-214665

Date Filed

FEB 12, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Halsey and Co (Bozzuto)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
50 Halsey street Newark NJ 07102

3a. Employer Representative - Name and Title  
Leyla Jimenez General Manager

3b. Address (if same as 2b - state same)  
same

3c. Tel. No.  
973 253 4402

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

LEYLA.JIMENEZ@BOZZUTO.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Hotel

4b. Principal product or service  
Building Maintenance Engineers

5a. City and State where unit is located:  
Elizabeth New jersey

5b. Description of Unit Involved

Included: Maintenance, Lead Maintenance, Chief Engineers,

Excluded: All Supervisors confidential personal, security guards as describe by the Act

6a. No. of Employees in Unit:  
2

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).  
NONE

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? none If so, approximately how many employees are participating? none  
(Name of labor organization) none, has picketed the Employer since (Month, Day, Year) none

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
NONE

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
2/28/2018

11c. Election Time(s):  
10:00am

11d. Election Location(s):  
50 Halsey Street Newark NJ

12a. Full Name of Petitioner (including local name and number)

International union of operating Engineers Local 68, 68a, 68b, 68c, 68d

12b. Address (street and number, city, state, and ZIP code)  
11 fairfield Place West Caldwell NJ 07006

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International union Of Operating Engineers

12d. Tel No.  
973 244 5800

12e. Cell No.  
9083270889

12f. Fax No.  
973 227 3785

12g. E-Mail Address  
arestrepo@local68.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Andres Restrepo Organizer

13b. Address (street and number, city, state, and ZIP code)  
11 Fairfield Place West Caldwell NJ 07006

13c. Tel No.  
973 244 5800

13d. Cell No.  
9083270889

13e. Fax No.  
973 2273785

13f. E-Mail Address  
arestrepo@local68.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Signature

Title

Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related cases and in litigation. The purposes for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED  
NLRB-REGION 22  
NEWARK, NJ  
99-214665-65



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-214968

Date Filed

FEB 16, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Village Supermarkets		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 865 West Grand St. Elizabeth, NJ	
3a. Employer Representative - Name and Title John John Sumas- Personnel Directr		3b. Address (if same as 2b - state same) 733 Mountain Avenue Springfield, NJ 07081	
3c. Tel. No. 973-467-2200 ext. 329	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Grocer		4b. Principal product or service Retail Food	
5a. City and State where unit is located: Elizabeth, New Jersey		6a. No. of Employees in Unit: 9	
6b. Description of Unit Involved Included: Maintenance, porters, and cart employees  Excluded:		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/15/18 and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 3/8/18	11c. Election Time(s): 1-5	11d. Election Location(s): Shop Rite Elizabeth Breakroom	11e. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
12a. Full Name of Petitioner (including local name and number) United Food and Commercial Workers Local 464A		12b. Address (street and number, city, state, and ZIP code) 245 Paterson Ave. Little Falls, NJ 07424	


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
United Food and Commercial Workers International Union

12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Richard J. Whalen Sec Tre		13b. Address (street and number, city, state, and ZIP code) 245 Paterson Ave. Little Falls, NJ 07424	
13c. Tel No. 973-256-6790	13d. Cell No.	13e. Fax No. 973-256-1509	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Richard Whalen	Signature 	Title Secretary Treasurer	Date 2/15/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-215371

Date Filed

February 23, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Keurig Green Mountain Dr Pepper Snapple		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 433 Blair Road, Avenel, NJ 07701	
3a. Employer Representative - Name and Title Joseph Benedetto, HR Mgr		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 908-414-9863	3d. Cell No.	3e. Fax No.	3f. E-Mail Address josephbenedetto@dpsg.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse		4b. Principal product or service Soft Drinks	
5b. Description of Unit Involved Included: All Merchandisers Excluded: All other employees		5a. City and State where unit is located: Avenel, NJ	
		6a. No. of Employees in Unit: 21	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/20/18 and Employer declined recognition on or about 2/20/18 (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): March 16, 2018	11c. Election Time(s):	11d. Election Location(s): 433 Blair St, Avenel, NJ
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12a. Full Name of Petitioner (Including local name and number) Internat'l Brotherhood of Teamsters Local 125	12b. Address (street and number, city, state, and ZIP code) 585 Hamburg Turnpike, 2nd Flr, Wayne, NJ 07470
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters			
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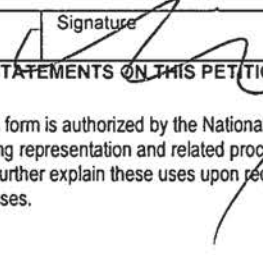
12d. Tel. No. 973-790-8500	12e. Cell No.	12f. Fax No. 973-790-6400	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
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13a. Name and Title Sanford R Oxfeld, Esq. (attorney)	13b. Address (street and number, city, state, and ZIP code) 60 Park Place, Ste 600, Newark, NJ 07102
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13c. Tel. No. 973-642-0161	13d. Cell No.	13e. Fax No. 973-802-1055	13f. E-Mail Address sro@oxfeldcohen.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Sanford R Oxfeld	Signature 	Title Attorney	Date February 21, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-215522	Date Filed FEB 26, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> AUTO EASTERN NISSAN OF PARAMUS		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 331 ROUTE 4, PARAMUS, NEW JERSEY 07652	
<b>3a. Employer Representative - Name and Title</b> HOWARD GOLDMAN, V.P. OF OPERATIONS		<b>3b. Address</b> (If same as 2b - state same) 331 ROUTE 4, PARAMUS, NEW JERSEY 07652	
<b>3c. Tel. No.</b> 201-299-4043	<b>3d. Cell No.</b> 551-245-9208	<b>3e. Fax No.</b> 201-475-6413	<b>3f. E-Mail Address</b> howard.goldman@autoeastern.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Auto Dealership		<b>4b. Principal product or service</b> Auto Sales and Service	<b>5a. City and State where unit is located:</b> Hackensack, New Jersey

**5b. Description of Unit involved**  
**Included:** All regular full time and regular part-time service technicians and parts counter men employed in the Service Department, 400 River Street, Hackensack, New Jersey 07601  
**Excluded:** All other employees, including, but not limited to, sales office, clerical, guards and supervisors as defined in the Act.

<b>6a. No. of Employees in Unit:</b> 8
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). NONE		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> Friday, March 16, 2018
<b>11c. Election Time(s):</b> Noon - 1:00 P.M.
<b>11d. Election Location(s):</b> 400 River Street, Hackensack, NJ - Locker room Service Dept.

**12a. Full Name of Petitioner (including local name and number)**  
UNITED SERVICE WORKERS UNION, LOCAL 355, IUJAT

**12b. Address (street and number, city, state, and ZIP code)**  
138-50 QUEENS BLVD, BRIARWOOD, NY 11435

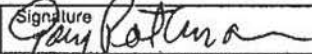
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
INTERNATIONAL UNION OF JOURNEYMEN AND ALLIED TRADES

<b>12d. Tel No.</b> 718-658-4848	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 718-523-4732	<b>12g. E-Mail Address</b> DIPPPOLITON@IUJAT.ORG
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Gary P. Rothman, Esq.		<b>13b. Address (street and number, city, state, and ZIP code)</b> Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523	
<b>13c. Tel No.</b> 914-478-2801	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 914-478-2913	<b>13f. E-Mail Address</b> grothman@rothmanrocco.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Gary P. Rothman	<b>Signature</b> 	<b>Title</b> Attorney for Local 355, USWU, IUJAT	<b>Date</b> Feb. 26, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 22-RC-215900 Date Filed 3/5/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer** Genesis Healthcare, LLC **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 1165 Easton Avenue, Somerset, NJ 08873

**3a. Employer Representative - Name and Title** Vicki Hayes, Administrator **3b. Address (If same as 2b - state same)** same

**3c. Tel. No.** (732) 246-4100 **3d. Cell No.** **3e. Fax No.** (732) 246-3926 **3f. E-Mail Address** Vicki.hayes@genesishcc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** nursing home **4b. Principal product or service** health care **5a. City and State where unit is located:** Somerset, NJ 08873

**5b. Description of Unit Involved**  
**Included:** All full-time and regular part-time, including per diem, Licensed Practical Nurses (LPNs) employed at the Employer's Willow Creek Rehabilitation and Care Center, residual to the existing collective bargaining unit currently represented by 1199 SEIU United Healthcare Workers East.  
**Excluded:** All other employees, guards and supervisors as defined in the Act  
**6a. No. of Employees in Unit:** Approximately 28  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).** None **8b. Address**

**8c. Tel. No.** **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

**8g. Affiliation, if any** **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)** None

**10a. Name** **10b. Address** **10c. Tel. No.** **10d. Cell No.**  
**10e. Fax No.** **10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** March 28, 2018 **11c. Election Time(s):** 8:00 a.m. to 8:00 a.m. & 2:30 p.m. to 4:30 p.m. **11d. Election Location(s):** Employee Break Room at the Employer's facility in Somerset, NJ

**12a. Full Name of Petitioner (including local name and number)** 1199 SEIU United Healthcare Workers East **12b. Address (street and number, city, state, and ZIP code)** 555 Route 1 South, 3rd Fl., Iselin, NJ 08830

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** Service Employees International Union

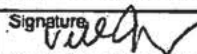
**12d. Tel. No.** 732-287-8113 **12e. Cell No.** **12f. Fax No.** 732-287-8117 **12g. E-Mail Address** rhina.molina@1199.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** William S. Massey, Esq. **13b. Address (street and number, city, state, and ZIP code)** Gladstein, Reif & Meglinski, LLP, 817 Broadway, 8th Floor, New York, NY 10003

**13c. Tel. No.** 212-228-7727 **13d. Cell No.** **13e. Fax No.** 212-228-7654 **13f. E-Mail Address** wmassey@grmny.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)** William S. Massey **Signature**  **Title** Attorney **Date** March 5, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-215944

Date Filed

MARCH 5, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Health Care Services Group, Inc.

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)

1165 Easton Avenue, Somerset, NJ 08873

**3a. Employer Representative - Name and Title**

Ed Castro, Dietary Director

**3b. Address** (If same as 2b - state same)

same

**3c. Tel. No.**

(732) 246-4100

**3d. Cell No.**

**3e. Fax No.**

(732) 246-3926

**3f. E-Mail Address**

EBX@hcsogps.com

**4a. Type of Establishment** (Factory, mine, wholesaler, etc.)

food service contractor in a nursing home

**4b. Principal product or service**

food service/health care

**5a. City and State where unit is located:**

Somerset, NJ 08873

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time, including per diem, cooks employed at Genesis Healthcare's Willow Creek Rehabilitation and Care Center, residual to the existing collective bargaining unit currently represented by 1199 SEIU United Healthcare Workers East.

**Excluded:**

All other employees, guards and supervisors as defined in the Act

**6a. No. of Employees in Unit:**

Approximately 5

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**

☐

7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent** (If none, so state).

None

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any** (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

March 28, 2018

**11c. Election Time(s):**

6:00 a.m. to 8:00 a.m. & 2:30 p.m. to 4:30 p.m.

**11d. Election Location(s):**

Employee Break Room at the Willow Creek facility in Somerset, NJ

**12a. Full Name of Petitioner (including local name and number)**

1199 SEIU United Healthcare Workers East

**12b. Address (street and number, city, state, and ZIP code)**

555 Route 1 South, 3rd Fl., Iselin, NJ 08830

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)

Service Employees International Union

**12d. Tel No.**

732-287-8113

**12e. Cell No.**

**12f. Fax No.**

732-287-8117

**12g. E-Mail Address**

rhina.molina@1199.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

William S. Massey, Esq.

**13b. Address (street and number, city, state, and ZIP code)**

Gladstein, Roif & Meglinski, LLP, 817 Broadway, 6th Floor, New York, NY 10003

**13c. Tel No.**

212-228-7727

**13d. Cell No.**

**13e. Fax No.**

212-228-7654

**13f. E-Mail Address**

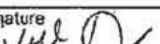
wmassey@grmny.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**

William S. Massey

**Signature**



**Title**

Attorney

**Date**

March 5, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

22-RC-216513

MARCH 14, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> CarePoint Health - Bayonne Medical Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 29 E 29th St NJ Bayonne 07002-4695	
<b>3a. Employer Representative - Name and Title</b> Jennifer Dobin		<b>3b. Address (If same as 2b - state same)</b> 10 Exchange Place 16th Floor NJ Jersey City 07302-	
<b>3c. Tel. No.</b> (201) 821-8720	<b>3d. Cell No.</b> (201) 923-4339	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Jennifer.Dobin@carepointhealth.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities		<b>4b. Principal product or service</b> Healthcare	
<b>5a. City and State where unit is located:</b> Bayonne, NJ		<b>5b. Description of Unit Involved</b>	
<b>Included:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 46	
<b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/12/2018 and Employer declined recognition on or about 03/12/2018 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> April 25 or April 18
<b>11c. Election Time(s):</b> 6:00 AM through 7:00 PM
<b>11d. Election Location(s):</b> Bayonne Med Ctr, 29 East 29th Street, Bayonne, NJ 07002 and Christ Ho

**12a. Full Name of Petitioner (Including local name and number)**  
Christopher S Hull Esq  
Committee of Interns and Residents, SEIU Local 1957

**12b. Address (street and number, city, state, and ZIP code)**  
520 8th Ave Suite 1200  
NY New York 10018-4183

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

<b>12d. Tel No.</b> (212) 356-8100	<b>12e. Cell No.</b> (917) 687-1717	<b>12f. Fax No.</b> (212) 504-3057	<b>12g. E-Mail Address</b> chull@cirseiu.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Ralph DeRosa Esq. General Counsel Committee of Interns and Residents, SEIU Local 1957		<b>13b. Address (street and number, city, state, and ZIP code)</b> 520 8th Ave Suite 1200 NY New York 10018-4183	
<b>13c. Tel No.</b> (212) 356-8100	<b>13d. Cell No.</b> (917) 687-1531	<b>13e. Fax No.</b> (212) 504-3057	<b>13f. E-Mail Address</b> rderosa@cirseiu.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Christopher S Hull Esq.	<b>Signature</b> Christopher S. Hull, Esq.	<b>Title</b> Director of Legal Affairs	<b>Date</b> 03/14/2018 12:03:57
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

Interns, residents, fellows and chief residents employed by Carepoint Health-Bayonne Medical Center

**Employees Excluded**

All other employees, managers, guards and supervisors excluded under the National Labor Relations Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22ARCH216702018

Date Filed

MARCH 16, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Dollar General		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 297 Route 31 South, Washington, NJ	
3a. Employer Representative - Name and Title Charly S. Sumbur		3b. Address (if same as 2b - state same)	
3c. Tel. No. 908-320-4152	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail		4b. Principal product or service Food, Non-Food	
5b. Description of Unit Involved Included: Full-Time & Part-Time Clerks Excluded: Asst. Manager, General Store Manager, Supervisors		5a. City and State where unit is located: Washington, NJ	
6a. No. of Employees in Unit: 4		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7a. Request for recognition as Bargaining Representative was made on (Date) <u>3/16/2018</u> and Employer declined recognition on or about (Date) (If no reply received, so state).		7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>          </u> If so, approximately how many employees are participating? <u>          </u> (Name of labor organization) <u>          </u> has picketed the Employer since (Month, Day, Year) <u>          </u>			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): TBD	11c. Election Time(s): 11 a.m. and 4 p.m.	11d. Election Location(s): Dollar General, Route 31 So., Washington, NJ	
12a. Full Name of Petitioner (including local name and number) UFCW Local 1262		12b. Address (street and number, city, state, and ZIP code) 1389 Broad Street	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food & Commercial Workers International Union			
12d. Tel No. 973-777-3700	12e. Cell No. 973-417-1268	12f. Fax No. 973-777-3430	12g. E-Mail Address gfeimster@ufcwlocal1262.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Anthony Yodice, Org. Director		13b. Address (street and number, city, state, and ZIP code) 1389 Broad Street, Clifton, NJ 07013	
13c. Tel No. 973-777-3700	13d. Cell No. 973-417-1268	13e. Fax No. 973-777-3430	13f. E-Mail Address gfeimster@ufcwlocal1262.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Anthony Yodice	Signature <i>Anthony Yodice</i>	Title Organizing Director, UFCW Local 1262	Date March 16, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-216742

Date Filed  
MARCH 16, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer CoreCivic		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 625 Evans St NJ Elizabeth 07201-2008	
3a. Employer Representative - Name and Title Orlando Rodriguez		3b. Address (If same as 2b - state same) 625 Evans St NJ Elizabeth 07201-2008	
3c. Tel. No. (908) 352-3776	3d. Cell No.	3e. Fax No. (908) 352-5250	3f. E-Mail Address orlando.rodriguez@corecivic.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Correctional Facility	
5b. Description of Unit Involved <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		5a. City and State where unit is located: Elizabeth, NJ	
		6a. No. of Employees in Unit 16	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): APRIL 3, 2018	11c. Election Time(s): 12:30 PM UNTIL 2:30 PM	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11d. Election Location(s): 625 EVANS STREET, ELIZABETH NJ 07201
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12a. Full Name of Petitioner (including local name and number)  
Fareeda C Mabry  
Communications Workers of America, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)  
CWA Local 1040 230 Parkway Ave  
NJ Trenton 08618

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Petitioner is the international

12d. Tel No. (609) 538-8899	12e. Cell No.	12f. Fax No. (609) 538-8868	12g. E-Mail Address fmabry@cwa-union.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Annmarie Pinarski Esq. Attorney Weissman and Mintz	13b. Address (street and number, city, state, and ZIP code) One Executive Drive Suite 200 NJ Somerset 08873
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13c. Tel No. (732) 563-4565	13d. Cell No.	13e. Fax No. (732) 560-9779	13f. E-Mail Address apinarski@weissmanmintz.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Fareeda C Mabry	Signature FAREEDA C MABRY	Title Lead Organizer	Date 03/16/2018 14:50:16
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full time and regular part-time non-professional employees employed in the employer's Elizabeth, New Jersey facility.

**Employees Excluded**

All other employees, including casual employees, guards, supervisors, correctional officers and managers.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-216891

Date Filed

MARCH 20, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>ALTICE TECHNICAL SERVICES</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>300 ROUTE 17, SOUTH LODI, N.J. 07644 SUITE 3F</b>	
3a. Employer Representative - Name and Title <b>PETER KRUGI, SUPERVISOR-OPS</b>		3b. Address (if same as 2b - state same) <b>SAME</b>	
3c. Tel. No. <b>201-651-4165 EXT. 54165</b>	3d. Cell No.	3e. Fax No. <b>973-773-2156</b>	3f. E-Mail Address <b>peter.krugi@alticetechserviceusa.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>WORK CENTER</b>		4b. Principal product or service <b>CATV, BROADBAND COMMUNICATIONS</b>	
5b. Description of Unit Involved <b>Included: FIELD SERVICE TECHNICIANS, FIELD SERVICE REMOTE REPLENISHMENT</b> <b>Excluded: <del>OFFSHORE PLANT</del> ALL OUTSIDE PLANT EMPLOYEES</b>		5a. City and State where unit is located: <b>LODI, N.J.</b>	
		6a. No. of Employees in Unit: <b>60</b>	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/19/2018 and Employer declined recognition on or about NO REPLY (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved?            If so, approximately how many employees are participating?             
(Name of labor organization)            has picketed the Employer since (Month, Day, Year)           .

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>FIRST AVAILABLE</b>	11c. Election Time(s): <b>NORMAL WORK HOURS</b>	11d. Election Location(s): <b>300 ROUTE 17, SOUTH LODI, N.J. 07644, SUITE 3F</b>	
12a. Full Name of Petitioner (Including local name and number) <b>JOSEPH C. LAMBERT JR. IBEW, LOCAL 827</b>		12b. Address (street and number, city, state, and ZIP code) <b>263 WARD ST, EAST WINDSOR, N.J. 08520</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS</b>			
12d. Tel No. <b>609-443-4100</b>	12e. Cell No.	12f. Fax No. <b>609-443-8273</b>	12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>KEVIN D. JARVIS, ATTORNEY</b>		13b. Address (street and number, city, state, and ZIP code) <b>1526 BERLIN RD, CHERRY HILL, N.J. 08003</b>	
13c. Tel No. <b>856-795-2181</b>	13d. Cell No.	13e. Fax No. <b>856-795-2182</b>	13f. E-Mail Address <b>KJARVIS@CBBBLAW.COM</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>JOSEPH C. LAMBERT JR.</b>	Signature <i>Joseph C. Lambert Jr.</i>	Title <b>BUSINESS AGENT</b>	Date <b>3/19/2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings. The information is fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED  
NLRB REGION 22  
NEWARK, NJ

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 22-RC-217130 Date Filed MARCH 26, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Total Traffic and Weather Network, a division of TTWN Media Networks		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 201 Route 17 North NJ Rutherford 07070-	
<b>3a. Employer Representative - Name and Title</b> Steve Taylor		<b>3b. Address (if same as 2b - state same)</b> 419 7th St NW Ste 500 DC Washington 20004-2296	
<b>3c. Tel. No.</b> (202) 289-2326	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (202) 289-0050	<b>3f. E-Mail Address</b> Stavetaylor@iheartmedia.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Broadcasting & Cable TV		<b>4b. Principal product or service</b> Radio	
<b>5a. City and State where unit is located:</b> Rutherford, NJ		<b>5b. Description of Unit Involved</b>	
<b>Included:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 20	
<b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
**11b. Election Date(s):** April 17  
**11c. Election Time(s):** 9-5  
**11d. Election Location(s):** Break Room at Employer's Facility

**12a. Full Name of Petitioner (including local name and number)**  
Joshua S Mendelsohn  
Screen Actors Guild - American Federation of Television and Radio Artists (SAG-AFTRA)  
**12b. Address (street and number, city, state, and ZIP code)**  
1900 Broadway Fl 5  
NY New York 10023  
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Screen Actors Guild - American Federation of Television and Radio Artists (SAG-AFTRA)

<b>12d. Tel No.</b> (212) 863-4292	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (212) 532-2625	<b>12g. E-Mail Address</b> joshua.mendelsohn@sagaftra.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Joshua S Mendelsohn	<b>Signature</b> Joshua Mendelsohn	<b>Title</b> Labor Counsel	<b>Date</b> 03/26/2018 10:07:35
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All Editor/Producers and Executive Producers who are employed in the New York City Metropolitan Area

**Employees Excluded**

The Director of Operations, managers, independent contractors and supervisors as defined in the National Labor Relations Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-217143

Date Filed  
MARCH 26, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> PSC Industrial Outsourcing		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 675 Rahway Ave Ste 1 NJ Union 07083-6695	
<b>3a. Employer Representative - Name and Title</b>		<b>3b. Address (if same as 2b - state same)</b> 675 Rahway Ave Ste 1 NJ Union 07083-6695	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Others		<b>4b. Principal product or service</b> Operations, Tech Laborers, Lead Men-Foreman, Tech Drivers	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Union, NJ	
		<b>6a. No. of Employees in Unit:</b> 30	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
**11b. Election Date(s):** April 19, 2018  
**11c. Election Time(s):** 6:00 a.m. - 9:00 a.m.  
**11d. Election Location(s):** Shop

**12a. Full Name of Petitioner (including local name and number)**  
Paul A. Montalbano Esq.  
International Brotherhood of Teamsters, Local 560  
**12b. Address (street and number, city, state, and ZIP code)**  
669 River Dr Ste 125  
NJ Elmwood Park 07407-1361  
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters, Local 560

<b>12d. Tel No.</b> (908) 298-8800	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (908) 298-9333	<b>12g. E-Mail Address</b> montalbanoemail@yahoo.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title**  
Paul A. Montalbano Esq. Legal Counsel  
Cohen, Leder, Montalbano & Connaughton, LLC  
**13b. Address (street and number, city, state, and ZIP code)**  
669 River Dr Ste 125  
NJ Elmwood Park 07407-1361  
**13c. Tel No.**  
(908) 298-8800  
**13d. Cell No.**  
**13e. Fax No.**  
(908) 298-9333  
**13f. E-Mail Address**  
montalbanoemail@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Paul A. Montalbano Esq.	<b>Signature</b> Paul A. Montalbano, Esq.	<b>Title</b> Legal Counsel	<b>Date</b> 03/22/2018 15:16:56
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Operations, Tech Laborers, Lead Men-Foreman, Tech Drivers

Employees Excluded

none



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-217629

Date Filed

APRIL 2, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Jack's Trucking Co

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
90 6th Avenue, Paterson NJ 07501

3a. Employer Representative - Name and Title  
Thomas Miskewitz

3b. Address (If same as 2b - state same)  
same

3c. Tel. No.  
732-636-6700

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

4b. Principal product or service

5a. City and State where unit is located:

5b. Description of Unit Involved

Included: all warehouseman, including re-packers

Excluded: all drivers, salesman, managers, supervisors, and guards

6a. No. of Employees in Unit:

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
April 26, 2018

11c. Election Time(s):  
6:00 a.m. - 9:00 a.m.

11d. Election Location(s):  
Break Room

12a. Full Name of Petitioner (including local name and number)  
International Brotherhood of Teamsters, Local 560

12b. Address (street and number, city, state, and ZIP code)  
707 Summit Avenue, Union City, NJ 07087

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel. No.  
201-864-0051

12e. Cell No.

12f. Fax No.  
201-864-4177

12g. E-Mail Address  
NJayme@IBTLocal560.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Paul A. Montalbano, Esq. Legal Counsel

13b. Address (street and number, city, state, and ZIP code)  
669 River Drive, Suite 125, Elmwood Park, NJ 07407

13c. Tel. No.  
908-298-8800

13d. Cell No.

13e. Fax No.  
908-298-9333

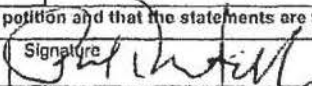
13f. E-Mail Address  
montalbanoemail@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Paul A. Montalbano

Signature



Title

Legal Counsel

Date

April 2, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-218724

Date Filed

APRIL 19, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

CBRE

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

50 Madison Avenue, Totowa, NJ 07512

3a. Employer Representative - Name and Title

Robert Patterson - Data Center Manager

3b. Address (If same as 2b - state same)

Same

3c. Tel. No.

973-321-9444

3d. Cell No.

862-309-4239

3e. Fax No.

973-638-1221

3f. E-Mail Address

robert.patterson2@cbre.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Data Center

4b. Principal product or service

Building Maintenance Engineers

5a. City and State where unit is located:

Totowa, New Jersey

5b. Description of Unit Involved

Included: Chief Engineer, Assistant Chief Engineer, Engineers, Electricians, HVAC/R Techs, Plumbers, Mechanics

Excluded: All Supervisors, Confidential Personal, Security Guards as described by the act

6a. No. of Employees in Unit:

5

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

☐

7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

May 14, 2018

11c. Election Time(s):

7:30A.M.

11d. Election Location(s):

50 Madison Avenue, Totowa, NJ 07512

12a. Full Name of Petitioner (including local name and number)

International Union of Operating Engineers, Local 68, 68A, 68 B, 68C AFL-CIO

12b. Address (street and number, city, state, and ZIP code)

11 Fairfield Place, West Caldwell, NJ 07006

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Union of Operating Engineers, Local 68, 68A, 68 B, 68C AFL-CIO

12d. Tel No.

973-244-5800

12e. Cell No.

973-747-6568

12f. Fax No.

973-227-3785

12g. E-Mail Address

tcoyne@local68.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Thomas J Coyne - Business Representative

13b. Address (street and number, city, state, and ZIP code)

11 Fairfield Place, West Caldwell, NJ 07006

13c. Tel No.

973-244-5816

13d. Cell No.

973-747-6568

13e. Fax No.

973-227-3785

13f. E-Mail Address

tcoyne@local68.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Thomas J. Coyne

Signature

Title

Business Representative

Date

4/19/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-219096

Date Filed

APRIL 25, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Closets By Design

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
40 Veterans Blvd., Carlstadt, NJ 07072

3a. Employer Representative - Name and Title  
Norman Holtz

3b. Address (If same as 2b - state same)  
40 Veterans Blvd., Carlstadt, NJ 07072

3c. Tel. No.  
201-964-9600

3d. Cell No.

3e. Fax No.  
201-964-9622

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

4b. Principal product or service

5a. City and State where unit is located:  
Carlstadt, NJ

5b. Description of Unit Involved

Included: All full-time and part time production workers (panel saw department)

Excluded: Drivers, installers, helpers, custodians, office personnel, supervisors, management as defined by ACT

6a. No. of Employees in Unit:  
Seven (7)

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 4/25/18 and Employer declined recognition on or about (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
N/A

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
May 18, 2018 (5/18/18)

11c. Election Time(s):  
8am-12pm

11d. Election Location(s):  
Breakroom

12a. Full Name of Petitioner (including local name and number)  
UFCW Local 1245

12b. Address (street and number, city, state, and ZIP code)  
275 Paterson Avenue, Little Falls, NJ 07424

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)  
United Food and Commercial Workers Union Local 1245

12d. Tel No.  
973-256-8480

12e. Cell No.  
973-747-4755

12f. Fax No.  
973-256-7437

12g. E-Mail Address  
ecarrasquillo@local1245.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Karin K. Sage, Esq.

13b. Address (street and number, city, state, and ZIP code)  
90 Woodbridge Center Dr., Suite 900, Box 10, Woodbridge, NJ 07095

13c. Tel No.  
732-726-7490

13d. Cell No.

13e. Fax No.  
732-726-6535

13f. E-Mail Address  
ksage@wilentz.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Elysia Carrasquillo

Signature

Title  
Lead Organizer

Date  
April 25, 2018 (4/25/18)

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act, 29 U.S.C. § 101 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED  
NLRB-REGION 22  
APR 25 2018



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

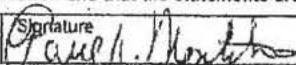
22-RC-219175

Date Filed

April 27, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Blue Apron		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 901 W. Linden Avenue, Linden, NJ 07036	
3a. Employer Representative - Name and Title Department Head Fox		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 347-560-5757	3d. Cell No. 904-574-6485	3e. Fax No.	3f. E-Mail Address contact@blueapron.com;ln_hr@blueapron.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Meal kit delivery service		4b. Principal product or service meal kits	5a. City and State where unit is located: Linden, NJ
5b. Description of Unit Involved Included: Mechanics, Facility Maintenance Employees and Maintenance Employees Excluded: All other employees, production employees, management employees, supervisory employees			6a. No. of Employees in Unit: 18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>NO</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): May 14, 2018	11c. Election Time(s): 6:00 a.m. - 9:00 a.m.	11d. Election Location(s): Employee Breakroom	
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Teamsters, Local 560		12b. Address (street and number, city, state, and ZIP code) 707 Summit Avenue, Union City, NJ 07087	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)			
12d. Tel No. 201-864-0051	12e. Cell No. 551-267-3483	12f. Fax No. 201-864-4177	12g. E-Mail Address NJayme@IBTLocal560.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Paul A. Montalbano, Esq.		13b. Address (street and number, city, state, and ZIP code) 669 River Drive, Suite 125, Elmwood Park, NJ 07407	
13c. Tel No. 908-298-8800	13d. Cell No. 201-310-8565	13e. Fax No. 908-298-9333	13f. E-Mail Address montalbanoemail@yahoo.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Paul A. Montalbano	Signature 	Title Attorney	Date April 27, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-219674

Date Filed

MAY 4, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
CBRE/Global Workplace Solutions

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

2170 route27 Edison NJ,8003 Industrial Hwy Carteret NJ,380 Middlesex ave Carteret NJ

3a. Employer Representative - Name and Title

John McKean

3b. Address (If same as 2b - state same)

2170 Route 27 Edison NJ 08817

3c. Tel. No.

1860 816 9070

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

mckeanjm@amazon.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

warehouse

4b. Principal product or service

Building Maintenance Engineers

5a. City and State where unit is located:

Edison, Carteret New Jersey

5b. Description of Unit Involved

Included: Maintenance Tech, Lead Maintenance Tech, Chief Engineers,

Excluded: All Supervisors confidential personal, security guards as describe by the Act

6a. No. of Employees in Unit:

210

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

☐

7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

NONE

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? none If so, approximately how many employees are participating? none

(Name of labor organization) none has picketed the Employer since (Month, Day, Year) none

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

NONE

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

5/21/2018

11c. Election Time(s):

10:00am

11d. Election Location(s):

2170 route 27 Edison NJ 08817

12a. Full Name of Petitioner (including local name and number)

International union of operating Engineers Local 68,68a,68b,68c,68d

12b. Address (street and number, city, state, and ZIP code)

11 fairfield Place West Caldwell NJ 07006

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International union of Operating Engineers

12d. Tel No.

973 244 5800

12e. Cell No.

9083270389

12f. Fax No.

973 227 3785

12g. E-Mail Address

arestrepo@local68.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Andres Restrepo Organizer

13b. Address (street and number, city, state, and ZIP code)

11 Fairfiel Place West Caldwell NJ 07006

13c. Tel No.

973 244 5800

13d. Cell No.

9083270389

13e. Fax No.

973 227 3785

13f. E-Mail Address

arestrepo@local68.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Andres Restrepo

Signature

[Signature]

Title

Organizer

Date

5/14/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-220191

Date Filed

MAY 11, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Jones Lang LaSalle

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
400 Webro Road, Parsippany, New Jersey 07054

3a. Employer Representative - Name and Title  
John M. Kelly

3b. Address (If same as 2b - state same)  
Same

3c. Tel. No.  
908-901-6625

3d. Cell No.  
908-413-7204

3e. Fax No.

3f. E-Mail Address  
john.kelly2@pfizer.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Office / Pharmaceutical

4b. Principal product or service  
Building Maintenance Engineers

5a. City and State where unit is located:  
Parsippany, New

5b. Description of Unit Involved

Included: Engineer, Electrician, HVAC/R Tech, Plumber, Mechanics, Boiler Operators

Excluded: All Supervisors, Confidential Personal, Security Guards, as described by the Act.

6a. No. of Employees in Unit:  
5 (Five)

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
June 18, 2018

11c. Election Time(s):  
8:00 A.M.

11d. Election Location(s):  
1st Floor Maintenance Area, 400 Webro Rd, Parsippany NJ 07054

12a. Full Name of Petitioner (including local name and number)

International Union of Operating Engineers Local 68,68A,68B, 68C, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)  
11 Fairfield Place, West Caldwell, NJ 07006

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers Local 68,68A,68B, 68C, AFL-CIO

12d. Tel No.  
973-244-5800

12e. Cell No.  
973-747-6568

12f. Fax No.  
973-227-3785

12g. E-Mail Address  
tcoyne@local68.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Thomas J. Coyne, Business Representative

13b. Address (street and number, city, state, and ZIP code)  
11 Fairfield Place, West Caldwell, NJ 07006

13c. Tel No.  
973-244-5816

13d. Cell No.  
973-747-6568

13e. Fax No.  
973-227-3785

13f. E-Mail Address  
tcoyne@local68.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Thomas J. Coyne

Signature



Title  
Business Representative

Date  
May 11, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>22-RC-220568</b>	Date Filed <b>MAY 21, 2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION:</b> RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Suez		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 103 Wilson Avenue, Manalapan, NJ 07726	
<b>3a. Employer Representative - Name and Title</b> Curt Nemeth		<b>3b. Address</b> (If same as 2b - state same) 1451 Route 37 W. Suite 2, Toms River, NJ 08755	
<b>3c. Tel. No.</b> 732-557-7760	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 732-446-3387	<b>3f. E-Mail Address</b> Curt.nemeth@suez-na.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Utility		<b>4b. Principal product or service</b> Water	
<b>5a. City and State where unit is located:</b> Manalapan, NJ			<b>5b. Description of Unit Involved</b> Included: All Full Time and regular part time, T-1 operators, T-2 Operators, T-3 Operators employed by the Employer at its 103 Wilson Avenue, Manalapan, New Jersey facility. Excluded: All guards and supervisors as defined by the Act.
<b>6a. No. of Employees in Unit:</b> 6			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state)			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 6/18/2018		<b>11c. Election Time(s):</b> 8:00 to 10:00 AM	
<b>11d. Election Location(s):</b> 103 Wilson Ave, Manalapan, NJ 07726		<b>11e. Election Location(s):</b> 42 Ravenwood Blvd, Barnegat, NJ 08005	
<b>12a. Full Name of Petitioner</b> (including local name and number) Utility Workers Union of America, AFL-CIO		<b>12b. Address</b> (street and number, city, state, and ZIP code) 42 Ravenwood Blvd, Barnegat, NJ 08005	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) Utility Workers Union of America, AFL-CIO			
<b>12d. Tel No.</b> 888-843-8982	<b>12e. Cell No.</b> 609-618-3176	<b>12f. Fax No.</b> 609-607-0679	<b>12g. E-Mail Address</b> bobhouser@uwua.net
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Robert A. Houser, Director of Organizing		<b>13b. Address</b> (street and number, city, state, and ZIP code) 42 Ravenwood Blvd, Barnegat, NJ 08005	
<b>13c. Tel No.</b> 888-843-8982	<b>13d. Cell No.</b> 609-618-3176	<b>13e. Fax No.</b> 609-607-0679	<b>13f. E-Mail Address</b> bobhouser@uwua.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Robert A. Houser	<b>Signature</b> Robert A. Houser	<b>Title</b> Dirctor of Organizing	<b>Date</b> 5-17-2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-221922Date Filed  
JUNE 12 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
**ALICE TECHNICAL SERVICES**

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
**335 DELANCEY ST. NEWARK, N.J. 07105**

3a. Employer Representative - Name and Title  
**MARY BETH BOWER, SR. DIRECTOR OPERATIONS**

3b. Address (if same as 2b - state same)  
**275 CENTENNIAL AVE. PISCATAWAY, N.J. 08854**

3c. Tel. No.  
**732-215-8229**

3d. Cell No.  
**732-215-8229**

3e. Fax No.  
**516-803-3004**

3f. E-Mail Address  
**marybeth.bower@alice-techservicesusa.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**WORK CENTER**

4b. Principal product or service  
**CABLE TV, TELEPHONE, INTERNET**

5a. City and State where unit is located:  
**NEWARK, N.J.**

5b. Description of Unit Involved  
**ALL FULL TIME AND REGULAR PART TIME**

Included: **FIELD SERVICE TECHNICIANS**

Excluded: **ALL OFFICE PERSONNEL, MANAGERS, SUPERVISORS AND GUARDS AS DEFINED IN THE ACT**

6a. No. of Employees in Unit:  
**60**

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **6/11/18** and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **FIRST AVAILABLE**

11c. Election Time(s): **NORMAL WORK HOURS**

11d. Election Location(s): **335 DELANCEY ST. NEWARK, N.J. 07105**

12a. Full Name of Petitioner (including local name and number)  
**JOSEPH C. LAMBERT JR. IBEW, LOCAL 827**

12b. Address (street and number, city, state, and ZIP code)  
**263 WARD ST. EAST WINDSOR, N.J. 08520**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

12d. Tel. No.  
**609-443-4100**

12e. Cell No.

12f. Fax No.  
**609-443-8273**

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
**KEVIN D. JARVIS, ATTORNEY**

13b. Address (street and number, city, state, and ZIP code)  
**1526 BERLIN RD, CHERRY HILL, N.J. 08003**

13c. Tel. No.  
**856-795-2181**

13d. Cell No.

13e. Fax No.  
**856-795-2182**

13f. E-Mail Address  
**KJARVIS@OBBBLAW.COM**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
**JOSEPH C. LAMBERT JR.**

Signature  
*Joseph C. Lambert Jr.*

Title  
**BUSINESS AGENT**

Date  
**6/11/18**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 15: et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-221929

Date Filed

JUNE 12, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
**ALICE TECHNICAL SERVICES**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**275 CENTENNIAL AVE, PISCATAWAY, N.J. 08854**

3a. Employer Representative - Name and Title  
**MARY BETH BOWER, SR. DIRECTOR OPERATIONS**

3b. Address (if same as 2b - state same)  
**SAME**

3c. Tel. No.  
**732-215-8229**

3d. Cell No.  
**732-215-8229**

3e. Fax No.  
**516-803-3004**

3f. E-Mail Address  
**marybeth.bower@alice-techservicesusa.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**WORK CENTER**

4b. Principal product or service  
**CABLE TV, TELEPHONE, INTERNET**

5a. City and State where unit is located:  
**PISCATAWAY, N.J.**

5b. Description of Unit Involved  
**ALL FULL TIME AND REGULAR PART TIME**

5c. No. of Employees in Unit:  
**53**

Included: **FIELD SERVICE TECHNICIANS, FIELD SERVICE WAREHOUSE**  
Excluded: **ALL OFFICE PERSONNEL, MANAGERS, SUPERVISORS AND GUARDS AS DEFINED IN THE ACT**

5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **6/11/18** and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ If so, approximately how many employees are participating? ☐  
(Name of labor organization) ☐ has picketed the Employer since (Month, Day, Year) ☐

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
**FIRST AVAILABLE**

11c. Election Time(s):  
**NORMAL WORK HOURS**

11d. Election Location(s):  
**275 CENTENNIAL AVE, PISCATAWAY, N.J. 08854**

12a. Full Name of Petitioner (including local name and number)

**JOSEPH C. LAMBERT JR., IREW, LOCAL 827**

12b. Address (street and number, city, state, and ZIP code)

**263 WARD ST, EAST WINDSOR, N.J. 08520**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

12d. Tel No

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

**609-443-4100**

**609-443-8273**

**609-443-8273**

**KJARVIS@OBBBLAW.COM**

13. Representatives of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

**KEVIN D. JARVIS, ATTORNEY**

13b. Address (street and number, city, state, and ZIP code)

**1526 BERLIN RD, CHERRY HILL, N.J. 08003**

13c. Tel No

**856-795-2181**

13d. Cell No

13e. Fax No

**856-795-2182**

13f. E-Mail Address

**KJARVIS@OBBBLAW.COM**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Signature

Title

Date

**JOSEPH C. LAMBERT JR.**

*Joe Lambert Jr.*

**BUSINESS AGENT**

**6/11/18**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 15 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-222160	Date Filed JUNE 14, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer <b>Compass Group at Verizon</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>Verizon, 1 Verizon Way; Basking Ridge, NJ 07920</b>	
3a. Employer Representative - Name and Title <b>Chuck Fargione, General Manager</b>		3b. Address (If same as 2b - state same) <b>same</b>	
3c. Tel. No. <b>908-559-1704</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>Chuck.Fargione@compass-usa.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Cafeteria</b>		4b. Principal product or service <b>Food &amp; Beverage</b>	
5a. City and State where unit is located: <b>Basking Ridge, NJ</b>		6a. No. of Employees in Unit: <b>62</b>	
5b. Description of Unit Involved Included: <b>All regular part-time and full-time food service employees, including the classifications of utility, porter, receiver, salad, prep cook, grill, cook, food service worker, catering, cashier, pantry and</b> Excluded: <b>barrista, of the Employer at its operations at Verizon in New Jersey, but excluding guards, office clericals, managers and statutory supervisors.</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>6/13/2018</b> and Employer declined recognition on or about <b>same</b> (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>N/A</b>		8b. Address <b>N/A</b>	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>No</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <b>N/A</b>			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>any Tuesday</b>	11c. Election Time(s): <b>1 PM to 5 PM</b>	11d. Election Location(s): <b>the workplace</b>	
12a. Full Name of Petitioner (including local name and number) <b>UNITE HERE Local 100</b>		12b. Address (street and number, city, state, and ZIP code) <b>275 7th Avenue, 16th Floor New York, New York 10001</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>UNITE HERE International Union</b>			
12d. Tel. No. <b>212-541-4228</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>Kristin L. Martin, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>McCracken, Stamenman &amp; Holtsberry, LLP 695 Market Street, Suite 800 San Francisco, CA 94105</b>	
13c. Tel. No. <b>415-597-7200</b>	13d. Cell No.	13e. Fax No. <b>415-597-7201</b>	13f. E-Mail Address <b>kdm@msh.law</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>SHAFIQR RAHMAT</b>	Signature <i>Shafiqur Rahman</i>	Title <b>LEAD ORGANIZER</b>	Date <b>6-14-18</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-222400

Date Filed  
June 20, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer L3 Vertex		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) McGuire Air Force Base New Jersey 1816 Manor Rd Joint Base MDI 08641-5519	
3a. Employer Representative - Name and Title Chris Dodson Program Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 214-592-7416	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Christopher.J.Dodson@L3t.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Service Contractor		4b. Principal product or service Service Contract Aircraft and Support	
5a. City and State where unit is located: New Hanover, New Jersey		5b. Description of Unit Involved Included: All full time and regular part time Material Coordinator I& II, Engineering Technician I,II,III, IV,&V, Ground Support Equipment mechanics, Aircraft Mechanics I&II Excluded: Office Clerical, professional, managerial, guards and supervisors as defined in the act.	
6a. No. of Employees in Unit: 29		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **Petition servers as demand**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): July 11, 2018	11c. Election Time(s): 7a.m.-8 a.m. & 4p.m.-5p.m.	11d. Election Location(s): 1816 Manor Rd. Joint Base Mdl Conference Room
12a. Full Name of Petitioner (Including local name and number) International Association of Machinists and Aerospace Workers, AFL-CIO District Lodge 1		12b. Address (street and number, city, state, and ZIP code) IAMAW 26 Court Street, Suite 1710 Brooklyn N.Y. 11242

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. 646-926-2910	12e. Cell No. 513-768-2313	12f. Fax No. 646-902-5720	12g. E-Mail Address ekuss@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Edward J. Kuss Grand Lodge Representative		13b. Address (street and number, city, state, and ZIP code) IAMAW 26 Court Street, Suite 1710 Brooklyn N.Y.	
13c. Tel No. 646-926-2910	13d. Cell No. 513-768-2313	13e. Fax No. 646-902-5720	13f. E-Mail Address ekuss@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Edward J. Kuss	Signature <i>Edward J. Kuss</i>	Title IAMAW Grand Lodge Representative	Date June 20, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

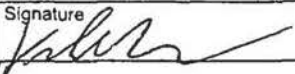
22-RC-222654

Date Filed

JUNE 25, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Readington Farms, Inc.,		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Subsidiary of Wakefern, 12 Mill Road, Whitehouse Station, NJ 08889	
<b>3a. Employer Representative - Name and Title:</b> Andy Fish, President		<b>3b. Address (if same as 2b - state same):</b> Same as 2b	
<b>3c. Tel. No.</b> 908-534-2121	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Warehouse and Distribution (Trucking)		<b>4b. Principal Product or Service</b> Milk delivery	<b>5a. City and State where unit is located:</b> Whitehouse Station, NJ
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All of full time and part time drivers, helpers. <b>Excluded:</b> Supervisors, warehouse.			<b>6a. Number of Employees in Unit:</b> 42
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> June 2018 <b>and Employer declined recognition</b> on or about (Date) June 2018 (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>Union seeks immediate election</b>			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> TBD		<b>11c. Election Time(s):</b> TBD	
<b>11d. Election Location(s):</b> Warehouse			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local Union No. 863, IBT		<b>12b. Address (street and number, city, State and ZIP code):</b> 209 Summit Road, Mountainside, NJ 07092	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 908-654-6990	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 908-654-8341	<b>12g. E-Mail Address</b> kathyz@local863welfarefund.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Kenneth I. Nowak, Esq., Attorney for Petitioner		<b>13b. Address (street and number, city, State and ZIP code):</b> Zazzali Law Firm, 570 Broad St. Ste. 1402, Newark, NJ 07102	
<b>13c. Tel. No.</b> 973-623-1822	<b>13d. Cell No.</b> 973-699-7383	<b>13e. Fax No.</b> 973-623-2209	<b>13f. E-Mail Address</b> knowak@zazzali-law.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Kenneth I. Nowak, Esq.	<b>Signature</b> 	<b>Title</b> Attorney for Petitioner	<b>Date</b> 6/22/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-222965

Date Filed

June 29, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Number 22 Hillside LLC dba Academy Bu		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 111 Paterson Avenue Hoboken NJ 07030	
<b>3a. Employer Representative - Name and Title:</b> Edward Rosario - Manager		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 201-420-7000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Bus transport service		<b>4b. Principal Product or Service:</b> Charter Bus	
<b>5a. City and State where unit is located:</b> Hoboken NJ		<b>5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5c. Description of Unit Involved:</b> Included: All full and regular part time bus drivers employed at Employer's Hoboken facility. Excluded: Office clerical employees, professional employees, dispatchers, mechanics, gu.		<b>5d. Number of Employees in Unit:</b> 100 approximately	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition. <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. <input type="checkbox"/> 7c. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state):</b> Local 108 RWDSU		<b>8b. Address:</b> 1576 Springfield Avenue Maplewood NJ 07040	
<b>8c. Tel. No.</b> 973-762-7224	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> cnhalljr@yahoo.com
<b>8g. Affiliation, if any:</b> AFL-CIO		<b>8h. Date of Recognition or Certification</b> 2006	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 8/31/18			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> July 27, 2018		<b>11c. Election Time(s):</b> 7-9 am / 4-6 pm	
<b>11d. Election Location(s):</b> Hoboken facility			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 621 U.C.T.I.E Union		<b>12b. Address (street and number, city, State and ZIP code):</b> 150-28 Union Turnpike Suite #250 Flushing, NY 11367	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> none			
<b>12d. Tel. No.</b> 718-326-4052	<b>12e. Cell No.</b> 516-780-3112	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> atalamo@uctie.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Stephen Goldblatt - Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 3315 Nostrand Avenue Suite L1A Brooklyn NY 11229	
<b>13c. Tel. No.</b> 718-332-6474	<b>13d. Cell No.</b> 917-771-8010	<b>13e. Fax No.</b> 718-332-6627	<b>13f. E-Mail Address</b> goldblattlegal@gmail.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Stephen Goldblatt		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 6-28-18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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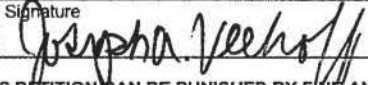
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 22-RC-223717 JUL 13, 2018  
Date Filed

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Legal Services of Northwest Jersey		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 90 E. Main Street, Somerville, NJ 08876	
<b>3a. Employer Representative - Name and Title:</b> Diane K. Smith, Esq, Executive Director		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 908-231-0840	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> DSmith@lsnj.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Non-Profit Law Firm		<b>4b. Principal Product or Service</b> Legal Services	
<b>5a. City and State where unit is located:</b> Somerville, NJ		<b>5b. Description of Unit Involved:</b> Included: All non-managerial employees inc. but not limited to attorneys, paralegals, staff Excluded: Executive Director and all other managerial employees	
<b>6a. Number of Employees in Unit:</b> 28		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) June 18, 2018 and Employer declined recognition on or about (Date) July 3, 2018 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None.		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Approx. 8-15-18		<b>11c. Election Time(s):</b>	
<b>11d. Election Location(s):</b>			
<b>12a. Full Name of Petitioner (including local name and number):</b> NOLSW, UAW Local 2320		<b>12b. Address (street and number, city, State and ZIP code):</b> 256 West 38th Street, Suite 705, New York, NY 10018	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America			
<b>12d. Tel. No.</b> 973-427-2261	<b>12e. Cell No.</b> 201-390-1395	<b>12f. Fax No.</b> 877-202-3097	<b>12g. E-Mail Address</b> iveehoff@nolsw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Joseph A. Veehoff, Financial Secretary-Treasurer		<b>13b. Address (street and number, city, State and ZIP code):</b> 102 1st Avenue, Hawthorne, NJ 07506	
<b>13c. Tel. No.</b> 973-427-2261	<b>13d. Cell No.</b> 201-390-1395	<b>13e. Fax No.</b> 877-202-3097	<b>13f. E-Mail Address</b> iveehoff@nolsw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Joseph A. Veehoff		<b>Signature</b> 	<b>Title</b> Financial Secretary-Treasurer
		<b>Date</b> 7-13-18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

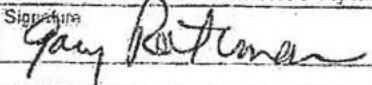
Case No.

Date Filed

22-RC-224324 JULY 24, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> First Transit, Inc. (Region #4)		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 512 Whitehead Road, Ext. Ewing, NJ 08638	
<b>3a. Employer Representative - Name and Title:</b> Randy Charn, Gen. Mgr.		<b>3b. Address of same as 2b - state and city:</b> Same	
<b>3c. Tel. No.</b> 609-883-0811	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 609-883-5564	<b>3f. E-Mail Address:</b> randy.charn@firstgroup.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Transportation		<b>4b. Principal Product or Service:</b> Transportation Services	
<b>5a. City and State where unit is located:</b> Ewing, New Jersey		<b>5b. Number of Employees in Unit:</b> 8	
<b>5c. Description of Unit Involved:</b> Included: All dispatchers and controllers in the Ewing, N. facility Excluded: All other employees including managers, supervisors and guards as defined in		<b>5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (if not, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state):</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment involved?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in item 9 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in _____ years _____ (if none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> August 10, 2018		<b>11c. Election Time(s):</b> 12:00 p.m. to 1:00 p.m.	
<b>11d. Election Location(s):</b> Training room, Ewing facility			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 726, IUJAT		<b>12b. Address (street and number, city, State and ZIP code):</b> 75 Lake Avenue, Ste. 103, Danbury, CT 06610	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Journeymen and Allied Trades			
<b>12d. Tel. No.</b> 203-201-0505	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Gary Rothman, Rothman Rocco LaRuffa, LLP		<b>13b. Address (street and number, city, State and ZIP code):</b> 3 W. Main St., Ste. 200, Elmsford, NY 10523	
<b>13c. Tel. No.</b> 914-478-2801	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 914-478-2913	<b>13f. E-Mail Address</b> grothman@rothmanrocco.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Gary Rothman		<b>Signature</b> 	<b>Title</b> Counsel
		<b>Date</b> 7/24/18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act, 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The NLRB uses the information fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will not use the information for any other purpose without your prior written consent. Disclosure of this information to the public, however, will not cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-224535

Date Filed

7/27/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:

First Transit

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

896 Frelinghuysen Ave Newark, NJ 07114

3a. Employer Representative - Name and Title:

James Marmo General Manger

3b. Address (if same as 2b - state same):

Same

3c. Tel. No.

908-349-5201

3d. Cell No.

3e. Fax No.

908-810-5230

3f. E-Mail Address

Jim.Marmo@firstgroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Transportation

4b. Principal Product or Service

transportation of people

5a. City and State where unit is located:

Newark NJ

5b. Description of Unit Involved:

Included:

All full time road supervisors

Excluded:

All managers, office clerks, machanicns, dispatchers, guards defined by the act

6a. Number of Employees in Unit:

8

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One:

☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)

N/A

8b. Address:

N/A

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

N/A

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ No ☐ Yes If so, approximately how many employees are participating?

(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

N/A

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

Thurs. Aug 9, 2018

11c. Election Time(s):

Noon - 2pm

11d. Election Location(s):

Conference Room

12a. Full Name of Petitioner (including local name and number):

Teamsters Local Union No. 469

12b. Address (street and number, city, State and ZIP code):

3400 Highway 35 Suite 7, Hazlet NJ 07730

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Brotherhood of Teamsters

12d. Tel. No.

732-888-0100

12e. Cell No.

12f. Fax No.

732-888-1470

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Michael Tkatch Business Agent

13b. Address (street and number, city, State and ZIP code):

3400 Highway 35 Suite 7 Hazlet, NJ 07730

13c. Tel. No.

732-888-0100 ext 114

13d. Cell No.

732-425-5055

13e. Fax No.

732-888-1740

13f. E-Mail Address

mtkatch@teamsters469.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Michael Tkatch

Signature



Title

Business Agent

Date

7/23/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

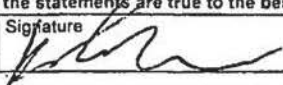
22-RC-225885

Date Filed

AUG 17, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Melgar Facility Maintenance, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Naval Weapons Station Earle 201 NJ-34, Colts Neck, NJ 07722	
<b>3a. Employer Representative - Name and Title:</b> Maria Caruso, Site Project Manager		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 732-551-8828	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> maria@melgarjanitorial.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Naval Military Base		<b>4b. Principal Product or Service</b> cleaning service	
<b>5a. City and State where unit is located:</b> Colts Neck, NJ		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time cleaners and janitors <b>Excluded:</b> guards and supervisors	
<b>6a. Number of Employees in Unit:</b> 17		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 8/15/2018 <b>and Employer declined recognition on or about (Date)</b> 8/15/2018 <b>(If no reply received, so state).</b> <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <b>If so, approximately how many employees are participating?</b> (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b> Petitioner seeks immediate election		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> TBD as per Board		<b>11c. Election Time(s):</b>	
<b>11d. Election Location(s):</b>			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local Union No. 863, IBT		<b>12b. Address (street and number, city, State and ZIP code):</b> 209 Summit Road, Mountainside, NJ 07092	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 908-654-6990	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 908-654-8341	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Kenneth I. Nowak, Esq., Attorney for Petitioner		<b>13b. Address (street and number, city, State and ZIP code):</b> Zazzali Law Firm, 570 Broad St., Ste. 1402, Newark, NJ 07102	
<b>13c. Tel. No.</b> 973-623-1822	<b>13d. Cell No.</b> 973-699-7383	<b>13e. Fax No.</b> 973-623-2209	<b>13f. E-Mail Address</b> knowak@zazzali-law.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Kenneth I. Nowak, Esq.		<b>Signature</b> 	<b>Title</b> Attorney for Petitioner
		<b>Date</b> 8/17/2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-226845

Date Filed

SEPTEMBER 6, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

WATERVIEW CENTER

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

536 Ridge Road, Cedar Grove, NJ 07009

3a. Employer Representative - Name and Title

PATRICIA WOOD, REGIONAL CENTER DIRECTOR

3b. Address (If same as 2b - state same)

536 Ridge Road, Cedar Grove, NJ 07009

3c. Tel. No.

(973) 239-9300

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

HEALTH CARE

4b. Principal product or service

HEALTH CARE

5a. City and State where unit is located:

CEDAR GROVE, NEW JERSEY

5b. Description of Unit Involved

Included: Full-time and regular part-time and per diem recreation aide.

Excluded:

All supervisors under the Act, and all other employees.

6a. No. of Employees in Unit:

4

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 8/29/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

Employer never responded.



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

9/13/2018

11c. Election Time(s):

10:00 - 11:00 A.M.

11d. Election Location(s):

WATERVIEW CENTER

12a. Full Name of Petitioner (including local name and number)

DISTRICT 1199J, NUHHCE, AFSCME, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)

9-25 ALLING STREET, 3RD FLOOR, NEWARK, NJ 07102

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

AFSCME

12d. Tel. No.

(973) 624-1199

12e. Cell No.

12f. Fax No.

(973) 622-0801

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

ARNOLD SHEP COHEN, ATTORNEY

13b. Address (street and number, city, state, and ZIP code)

60 PARK PLACE, 6 TH FLOOR, NEWARK, NJ 07102

13c. Tel. No.

(973) 642-0161

13d. Cell No.

13e. Fax No.

(973) 802-1055

13f. E-Mail Address

ASC@OXFELDCOHEN.COM

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

ARNOLD SHEP COHEN

Signature



Title

ATTORNEY

Date

8/31/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-227572

Date Filed  
Sep 18, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Capstone Logistics, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 20 Theodore Conrad Drive, Jersey City, NJ 07305	
3a. Employer Representative - Name and Title Steve Goodman, Esq. - Attorney		3b. Address (If same as 2b - state same) 58 South Service Road, Suite 250, Melville, NY 11747	
3c. Tel. No. 631-242-4610	3d. Cell No.	3e. Fax No. 631-247-0417	3f. E-Mail Address Steven.Goodman@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse		4b. Principal product or service Warehousing and distribution of food products	
5b. Description of Unit Involved Included: All full-time and regular part-time warehouse clerks, lumpers, and unloaders Excluded: Guards and supervisors		5a. City and State where unit is located: Jersey City, NJ	
		6a. No. of Employees in Unit: 8	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
 (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
 None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Petitioner seeks immediate election

11b. Election Date(s): September 28, 2018	11c. Election Time(s): 5:30am to 6:30am	11d. Election Location(s): Operations Conference Room (near dispatch)
--	--	--

12a. Full Name of Petitioner (including local name and number) Local Union No. 863 IBT	12b. Address (street and number, city, state, and ZIP code) 209 Summit Rd., Mountainside, NJ 07092
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
 International Brotherhood of Teamsters


12d. Tel No. 908-654-6990	12e. Cell No.	12f. Fax No. 908-654-8341	12g. E-Mail Address
------------------------------	---------------	------------------------------	---------------------

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kenneth I. Nowak, Attorney for Petitioner	13b. Address (street and number, city, state, and ZIP code) Zazzali Law Firm, 570 Broad Street, Suite 1402, Newark, NJ 07102
--	---

13c. Tel No. 973-623-1822	13d. Cell No. 973-699-7383	13e. Fax No. 973-623-2209	13f. E-Mail Address knowak@zazzali-law.com
------------------------------	-------------------------------	------------------------------	---

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kenneth I. Nowak, Esq.	Signature 	Title Attorney for Petitioner	Date 9/18/2018
--	--	----------------------------------	-------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-227678

Date Filed

9/20/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

United Rentals, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

2000 Roosevelt Ave  
NJ South Plainfield 07080-1476

3a. Employer Representative - Name and Title

Beth R. Moss

3b. Address (If same as 2b - state same)

3c. Tel. No.

(203) 618-7333

3d. Cell No.

(203) 918-7513

3e. Fax No.

3f. E-Mail Address

bross@ur.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Construction Services

4b. Principal product or service

5a. City and State where unit is located:

South Plainfield, NJ

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

6

Excluded: See Attached Page 2 for additional details

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
October 11, 2018

11c. Election Time(s):  
9:00 A.M.

11d. Election Location(s):  
2000 Roosevelt Avenue, South Plainfield, NJ 07080

12a. Full Name of Petitioner (including local name and number)

Pat Hjelm  
International Union of Operating Engineers Local 825

12b. Address (street and number, city, state, and ZIP code)  
65 Springfield Avenue Third Floor  
NJ Springfield 07081-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers

12d. Tel No.

(973) 671-6962

12e. Cell No.

(201) 572-6558

12f. Fax No.

(973) 921-2918

12g. E-Mail Address

phjelm@iuoe825.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Daniel Stark Esq. Attorney  
DeCotiis FitzPatrick Cole & Giblin LLP

13b. Address (street and number, city, state, and ZIP code)

500 Frank W. Burr Blvd. Suite 31  
NJ Teaneck 07666-

13c. Tel No.

(201) 347-2129

13d. Cell No.

13e. Fax No.

(201) 928-0588

13f. E-Mail Address

dastark@decotiislaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Daniel Stark Esq.

Signature

Daniel Stark

Title

Attorney

Date

09/20/2018 12:28:16

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**DO NOT WRITE IN THIS SPACE**

Case

Date Filed

Attachment

Employees Included

Truck Drivers, Mechanics, Field Technicians

Employees Excluded

All other employees, office clericals, guards, and supervisors as defined by the Act



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

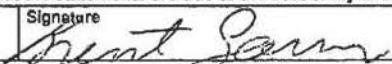
22-RC-228543

Date Filed

OCT 3, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Planned Building Services		<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> Galaxy Towers, 7002 Kennedy Blvd. East, Guttenberg, NJ 07093	
<b>3a. Employer Representative - Name and Title:</b> Marco Guerro		<b>3b. Address (if same as 2b - state same):</b> 150 Smith Road, Parsippany, NJ 07050	
<b>3c. Tel. No.</b> 973 739-0080	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> apartment building		<b>4b. Principal Product or Service</b> building maintenance	
<b>5a. City and State where unit is located:</b> Guttenberg, NJ		<b>5b. Description of Unit Involved:</b> Included: Full-time and regular part-time housekeeping and front service employees Excluded: office clericals, professionals, guards and supervisors as defined in the Act	
<b>6a. Number of Employees in Unit:</b> 50		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Specialty Trades Union Local 741		<b>8b. Address:</b>	
<b>8c. Tel. No.</b> 914 367-0277	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> HFLOCAL741@YAHOOD.COM
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> NA			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> October 16, 2018		<b>11c. Election Time(s):</b> 6:30-7:30 am; 2:30-3:30 pm	
<b>11d. Election Location(s):</b> break room, Galaxy Tower # 1			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 32BJ		<b>12b. Address (street and number, city, State and ZIP code):</b> 570 Broad St., Newark NJ 07102	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union			
<b>12d. Tel. No.</b> 973 824-3225	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Brent Garren, Deputy General Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> 25 W. 18th St, New York, NY 10011	
<b>13c. Tel. No.</b> 212 388-3943	<b>13d. Cell No.</b> 917 208-4287	<b>13e. Fax No.</b> 212 388-2062	<b>13f. E-Mail Address</b> Bgarren@seiu32bj.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Brent Garren	<b>Signature</b> 	<b>Title</b> Deputy General Counsel	<b>Date</b> 10-2-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**22-RC-228732**

Date Filed  
**OCT 9, 2018**

**INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> ACV Enviro		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 36 Butler Street NJ Elizabeth 07206	
<b>3a. Employer Representative - Name and Title</b> Chris Simon		<b>3b. Address</b> (if same as 2b - state same)	
<b>3c. Tel. No.</b> (908) 354-0210	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> csimon@acvenviro.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)		<b>4b. Principal product or service</b>	<b>5a. City and State where unit is located:</b> Elizabeth, NJ
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 66
<b>Excluded:</b> See Attached Page 2 for additional details			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> October 22, 2018	<b>11c. Election Time(s):</b> 9:00 A.M.	<b>11d. Election Location(s):</b> 36 Butler Street, Elizabeth, NJ 07206
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<b>12a. Full Name of Petitioner (including local name and number)</b> Alex Kolbasowski International Union of Operating Engineers Local 825	<b>12b. Address (street and number, city, state, and ZIP code)</b> 65 Springfield Avenue Third Floor NJ Springfield 07081
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union of Operating Engineers

<b>12d. Tel No.</b> (973) 671-6900	<b>12e. Cell No.</b> (732) 540-3956	<b>12f. Fax No.</b> (973) 921-2918	<b>12g. E-Mail Address</b> AKolbasowski@iuoe825.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Daniel Stark Esq. Attorney DeCotlis Fitzpatrick Cole & Giblin LLP		<b>13b. Address (street and number, city, state, and ZIP code)</b> 500 Frank W. Burr Blvd. Suite 31 NJ Teaneck 07666	
<b>13c. Tel No.</b> (201) 347-2129	<b>13d. Cell No.</b> (201) 213-0458	<b>13e. Fax No.</b> (201) 928-0588	<b>13f. E-Mail Address</b> dastark@decotlislaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Daniel Stark Esq.	<b>Signature</b> Daniel Stark	<b>Title</b> Attorney	<b>Date</b> 10/8/2018 16:12:06
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Field Technicians, Equipment Operators, Foremen, Drivers, Chemical Technicians

Employees Excluded

All other employees, office clericals, guards, and supervisors as defined by the Act



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

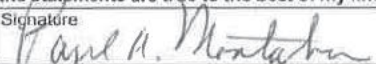
22-RC-228773

Date Filed

10/9/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Bunge North America, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 125 Sandford Avenue, Kearny, New Jersey 07032	
<b>3a. Employer Representative - Name and Title:</b> Moises Muillo, Plant Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 201-467-0732	<b>3d. Cell No.</b> 201-214-1975	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> diana.clay@bunge.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Production Facility		<b>4b. Principal Product or Service</b> Oils	
<b>5a. City and State where unit is located:</b> Kearny, New Jersey		<b>5b. Description of Unit Involved:</b> <b>Included:</b> all f/t and reg. p/t prod. ops, Team Leads, Lab Techs, Forklift ops., helpers, maint. <b>Excluded:</b> all managers, sales employees, clerical employees, guards and supervisors	
<b>6a. Number of Employees in Unit:</b> 40		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ No demand _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> October 30, 2018		<b>11c. Election Time(s):</b> 6:00 a.m. to 8:30 a.m./4:00 pm to 6:00 pm	
<b>11d. Election Location(s):</b> Employee lunch/break room			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 560, IBT		<b>12b. Address (street and number, city, State and ZIP code):</b> 707 Summit Avenue, Union City, New Jersey 07087	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 2018640051	<b>12e. Cell No.</b> 5512673483	<b>12f. Fax No.</b> 2018644177	<b>12g. E-Mail Address</b> njayme@IBTLocal560.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Paul A. Montalbano, Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> 669 River Drive, Suite 125, Elmwood Park, NJ 07407	
<b>13c. Tel. No.</b> 9082988800	<b>13d. Cell No.</b> 2013108565	<b>13e. Fax No.</b> 9082989333	<b>13f. E-Mail Address</b> montalbanoemail@yahoo.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Paul A. Montalbano		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 10/9/18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**PETITION**

FORM EXEMPT UNDER 44 U.S.C.

**DO NOT WRITE IN THIS SPACE**

Case No. <b>22-RC-229047</b>	Date Filed <b>OCT 12, 2018</b>
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INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☒ **RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.
- ☐ **RM-REPRESENTATION (EMPLOYER PETITION)** - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☐ **RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ **UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES)** - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ **UC-UNIT CLARIFICATION** - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. \_\_\_\_\_
- ☐ **AC-AMENDMENT OF CERTIFICATION** - Petitioner seeks amendment of certification issued in Case No. \_\_\_\_\_ Attach statement describing the specific amendment sought.

2. Name of Employer <b>Buckhead Meats</b>		Employer Representative to contact <b>Karen Casey</b>	Tel. No. <b>732-661-4900</b>
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>220 Raritan Center Pkwy Edison, NJ 08837</b>			Fax No.
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Plant</b>	4b. Identify principal product or service <b>Meat Packing</b>		Cell No.
			e-Mail
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) <b>Included All full time and regular part time warehouse employees, cutting employees, processing employees, packaging employees and maintenance employees at it Edison, NJ facility.</b> <b>Excluded All other employees and guards as defined in the act.</b>			6a. Number of Employees in Unit: <b>Present 60</b> <b>Proposed (By UC/AC)</b>
			6b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

7a. <input type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).	
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8. Name of Recognized or Certified Bargaining Agent (If none, so state.) <b>none</b>	
Affiliation	
Address	Tel. No.
	Date of Recognition or Certification
	Cell No.
	Fax No.
	e-Mail
9. Expiration Date of Current Contract. If any (Month, Day, Year)	
10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) Involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____	

12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state)

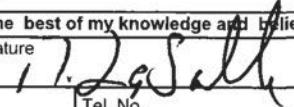
Name	Address	Tel. No.	Fax No.
		Cell No.	e-Mail

13. Full name of party filing petition (If labor organization, give full name, including local name and number)  
**Local 312**

14a. Address (street and number, city, state, and ZIP code) <b>400 State Route 34 Suite D Matawan, NJ 07747</b>	14b. Tel. No. EXT <b>732-549-1010</b>	14c. Fax No. <b>732-549-9712</b>
	14d. Cell No.	14e. e-Mail

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)  
**United Food and Commercial Workers International Union AFL-CIO**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Robert La Salle</b>	Signature 	Title (if any) <b>President</b>
Address (street and number, city, state, and ZIP code) <b>same as above</b>		Tel. No.
		Fax No.
		Cell No.
		eMail <b>rlasalle@ufcw312.org</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>22-RC-229056</b>	Date Filed <b>OCT 12, 2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Suez Water Rehway</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>1045 Westfield Avenue, Rehway, NJ 07065</b>	
3a. Employer Representative - Name and Title <b>Andrew Suez</b>		3b. Address (if same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>732-709-6066</b>	3d. Cell No. <b>732-709-6066</b>	3e. Fax No. <b>732-499-4781</b>	3f. E-Mail Address <b>andrew.suez@suez.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Utility</b>		4b. Principal product or service <b>Water</b>	
5b. Description of Unit Involved Included: <b>All Full time and regular part time, O&amp;M Tech I of M Tech II</b> Excluded: <b>O&amp;M Tech III, Distribution Crew Leader, Distribution System Technician.</b> <b>All managers and supervisors as defined by the Act.</b>		5a. City and State where unit is located: <b>Rehway NJ</b>	
		6a. No. of Employees in Unit: <b>10</b>	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>Tuesday, November 13, 2018</b>	11c. Election Time(s): <b>Open</b>	11d. Election Location(s): <b>1045 Westfield Ave Rehway</b>
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12a. Full name of Petitioner (including legal name and number) <b>Utility Workers Union of America AFL-CIO</b>	12b. Address (street and number, city, state, and ZIP code) <b>42 Reverwood Blvd Bernersht NJ 07005</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**Utility Workers Union of America AFL-CIO**

12d. Tel. No. <b>609-618-3176</b>	12e. Cell No. <b>609-618-3176</b>	12f. Fax No. <b>609-607-6678</b>	12g. E-Mail Address <b>bobhouse2@uwu.net</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Robert A. House Director of Agency</b>	13b. Address (street and number, city, state, and ZIP code) <b>42 Reverwood Blvd Bernersht NJ 07005</b>
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13c. Tel. No. <b>888-843-8982</b>	13d. Cell No. <b>609-618-3176</b>	13e. Fax No. <b>609-607-6678</b>	13f. E-Mail Address <b>bobhouse2@uwu.net</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Robert A. House</b>	Signature <i>[Signature]</i>	Title <b>Director of Agency</b>	Date <b>10/9/18</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



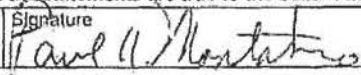
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-229188Date Filed  
OCT 15, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Stericycle		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 50 Howard Street, Piscataway, New Jersey 08854	
<b>3a. Employer Representative - Name and Title:</b> Legal Team Stericycle		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 866-308-9097	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 866-454-0767	<b>3f. E-Mail Address</b> HR.payroll@stericycle.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Collecting and disposing regulated substances		<b>4b. Principal Product or Service</b> Bio-hazardous waste	<b>5a. City and State where unit is located:</b> Piscataway, New Jersey
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Technicians, Environmental Specialists, Drivers, Warehouse Technicians <b>Excluded:</b> all managers, sales employees, clerical employees, guards and supervisors			<b>6a. Number of Employees in Unit:</b> 40 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ No demand _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> November 1, 2018		<b>11c. Election Time(s):</b> 6:30-7:30 a.m./2:45-3:30 p.m.	
<b>11d. Election Location(s):</b> Employee lunch/break room			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 560, IBT		<b>12b. Address (street and number, city, State and ZIP code):</b> 707 Summit Avenue, Union City, NJ 07087	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 2018640051	<b>12e. Cell No.</b> 5512673483	<b>12f. Fax No.</b> 2018644177	<b>12g. E-Mail Address</b> njayme@IBTLocal560.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Paul A. Montalbano, Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> 669 River Drive, Suite 125, Elmwood Park, NJ 07407	
<b>13c. Tel. No.</b> 9082988800	<b>13d. Cell No.</b> 2013108565	<b>13e. Fax No.</b> 9082989333	<b>13f. E-Mail Address</b> montalbanoemail@yahoo.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Paul A. Montalbano		<b>Signature</b> 	<b>Title</b> Attorney <b>Date</b> 10/15/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-229675	Date Filed OCT 22, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Delta-T Group	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1460 US Route 9 North, Suite 300, Woodbridge, NJ 07095
3a. Employer Representative - Name and Title: Ahjahnee Ensley	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 732.791.2984	3d. Cell No.	3e. Fax No. 732.636.8024	3f. E-Mail Address AEnsley@DeltaTG.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) school		4b. Principal Product or Service assistant to classroom teachers	5a. City and State where unit is located: South Orange & Maplewood NJ
5b. Description of Unit involved: Included: See attached Excluded: See attached			6a. Number of Employees in Unit: 134 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) NONE	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: (If the NLRB conducts an election in this matter, state your position with respect to any such election: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail)

11b. Election Date(s): November 7, 2018	11c. Election Time(s): 3:30 PM - 8:30 PM	11d. Election Location(s): 65 Scotland Rd. South Orange, NJ 07079
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 68,68a, 68b,68c,68d	12b. Address (street and number, city, State and ZIP code): 11 Fairfield Place, West Caldwell, NJ 07006
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Union of Operating Engineers AFL-CIO

12d. Tel. No. 973 244 5800	12e. Cell No. 908 283 0600	12f. Fax No. 973 227 3785	12g. E-Mail Address mpflorestal@local68.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Marie-Paule Florestal Special Organizer/ Consultant		13b. Address (street and number, city, State and ZIP code): 11 Fairfield Place, West Caldwell, NJ 07006
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13c. Tel. No. 973 349 3123	13d. Cell No. 908 283 0600	13e. Fax No. 973 227 3785	13f. E-Mail Address mpflorestal@local68.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Marie-Paule Florestal	Signature 	Title Special Organizer/ Consultant	Date 10/22/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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Delta T-Group  
1460 US Route 9 North  
Suite 300  
Woodbridge, NJ 07095

October 22, 2018

Included:

All paraprofessionals employed by Delta-T Group located at 1460 US Route 9 North, Suite 300, Woodbridge, NJ 07095 who are working in the South Orange/ Maplewood School District.

Excluded:

All other employees of the employer including confidential employees, Security guards, Supervisors, and Managers as defined in the act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-231203

Date Filed  
NOV 15, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Cranford Park Rehabilitation and Health Care Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
600 Lincoln Park, Cranford, NJ 07106

3a. Employer Representative - Name and Title  
Jake Lighten, LNHA, Regional Administrative/Vice-President

3b. Address (If same as 2b - state same)  
Same

3c. Tel. No.  
908-276-7100

3d. Cell No.

3e. Fax No.  
908-276-0173

3f. E-Mail Address  
jlighten@homesteadrhcc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Health Care

4b. Principal product or service  
Nursing Home and Rehabilitation

5a. City and State where unit is located:  
Cranford, New Jersey

**6b. Description of Unit Involved**

**Included:** All full-time and regular part-time licensed practical nurses employed by the Employer at its Cranford, New Jersey facility

**Excluded:** All service and maintenance employees, office clerical employees, professional employees, managers, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:  
15

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) None and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name  
**None**

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
December 7, 2018

11c. Election Time(s):  
6:45 am to 7:15 am and 2:45 pm to 3:15 pm

11d. Election Location(s):  
600 Lincoln Park, Cranford, NJ

12a. Full Name of Petitioner (Including local name and number)  
International Brotherhood of Teamsters, Local 11

12b. Address (street and number, city, state, and ZIP code)  
810 Belmont Avenue, North Haledon, NJ 07508

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel. No.  
973-636-0093

12e. Cell No.

12f. Fax No.

12g. E-Mail Address  
teamsterslocal11@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Raymond G. Heineman, Esq.

13b. Address (street and number, city, state, and ZIP code)  
Kroll Heineman Carton, LLC, 99 Wood Avenue S, Suite 307, Iselin, NJ 08830

13c. Tel. No.  
732-491-2100

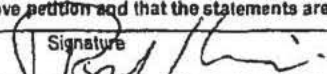
13d. Cell No.

13e. Fax No.  
732-491-2120

13f. E-Mail Address  
rheineman@krollfirm.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Raymond G. Heineman

Signature  


Title  
Attorney

Date  
November 15, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-231301

Date Filed  
NOV 19, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Waste Management		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100 Avenue A, Newark, New Jersey 07102	
3a. Employer Representative - Name and Title Pamela Schnepf		3b. Address (If same as 2b - state same)	
3c. Tel. No. 215-428-4379	3d. Cell No. 609-847-2549	3e. Fax No.	3f. E-Mail Address pschnepf@wm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste		4b. Principal product or service Disposal of waste	
5a. City and State where unit is located: Newark, New Jersey		5b. Description of Unit Involved Included: Mechanics Excluded: all drivers, dispatchers, sales employees, clerical employees, guards, supervisors, and all other employees	

6a. No. of Employees in Unit: 9
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/19/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name None	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): December 3, 2018
11c. Election Time(s): 6:30 am-8:00am-3:00pm-5:00pm
11d. Election Location(s): Breakroom
12a. Full Name of Petitioner (including local name and number) IBT Local 125
12b. Address (street and number, city, state, and ZIP code) 585 Hamburg Turnpike, Wayne, NJ 07470

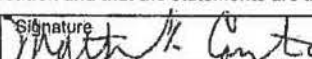
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel. No. 973-942-5500	12e. Cell No. 201-618-5870	12f. Fax No. 973-942-9002	12g. E-Mail Address mike@teamsters125.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Matthew G. Connaughton, Esq.		13b. Address (street and number, city, state, and ZIP code) 669 River Drive, Suite 125, Elmwood Park, New Jersey 07407	
13c. Tel. No. 908-298-8800	13d. Cell No. 201-788-6580	13e. Fax No. 908-298-9333	13f. E-Mail Address mconnaug@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Matthew G. Connaughton	Signature 	Title Attorney	Date 11/19/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 22-RC-231405	Date Filed Nov 26, 2018
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Vivint		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5 Ilene Ct NJ Hillsborough 08844-1915	
3a. Employer Representative - Name and Title Nate Miller		3b. Address (if same as 2b - state same) 4931 N 300 W UT Provo 84604-5816	
3c. Tel. No. (855) 844-0844	3d. Cell No.	3e. Fax No. (888) 441-6294	3f. E-Mail Address Nate.Miller@vivint.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services		4b. Principal product or service Home Security Systems	
5a. City and State where unit is located: Hillsborough, NJ		5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	
6a. No. of Employees in Unit: 16		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 12-12-2018	11c. Election Time(s): 8am-12pm	11d. Election Location(s): In the warehouse of the employers 5 Ilene Ct, Hillsborough, NJ location.
12a. Full Name of Petitioner (including local name and number) Joe J Mastrogianni Jr. IBEW Local 827		12b. Address (street and number, city, state, and ZIP code) 263 Ward St NJ East Windsor 08520-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Electrical Workers

12d. Tel No. (732) 266-1488	12e. Cell No.	12f. Fax No.	12g. E-Mail Address JMastroJr@IBEW.org
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13. **Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Joe J Mastrogianni Jr.	Signature Joe Mastrogianni Jr.	Title International Lead Organizer	Date 11/20/2018 14:13:49
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All Full Time and Regular Part Time Feild Service Technicians

Employees Excluded

All Office Personnel, Managers, Supervisors, Guards as defined in the act, and all other employees.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**22-RC-231752**

Date Filed  
**NOV 28, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> RITZ Laundry Services		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 179 Lafayette St NJ Paterson 07501-1132	
<b>3a. Employer Representative - Name and Title</b>		<b>3b. Address (if same as 2b - state same)</b> 179 Lafayette St NJ Paterson 07501-1132	
<b>3c. Tel. No.</b> (973) 977-8001	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hotels & Motels		<b>4b. Principal product or service</b> Commercial Laundry Services	
<b>5a. City and State where unit is located:</b> Paterson, NJ		<b>6a. No. of Employees in Unit:</b> 60	
<b>5b. Description of Unit Involved</b> Included: See Attached Page 2 for additional details  Excluded: See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
<b>Check One:</b> <input type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).</b> <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____</b>			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b>		<b>11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail</b>	
<b>11b. Election Date(s):</b> 12/12/18	<b>11c. Election Time(s):</b> 9am - 11am; 6pm - 8pm	<b>11d. Election Location(s):</b> Break Room	
<b>12a. Full Name of Petitioner (including local name and number)</b> Josh Gottlieb B.A.T. Local 514		<b>12b. Address (street and number, city, state, and ZIP code)</b> 777 Westchester Ave Ste 101 NY West Harrison 10604-3520	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Brotherhood of Amalgamated Trades			
<b>12d. Tel No.</b> (914) 705-5488	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jgottlieb@localunion514.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Josh Gottlieb	<b>Signature</b> Josh Gottlieb	<b>Title</b> President	<b>Date</b> 11/28/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All Full time

drivers, and helpers.

production employees, maintenance, mechanics,

Employees Excluded

All clerical, managers, supervisors and guards as defined by the Act.

*part-time employees,*

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-231790

Date Filed  
NOV 29, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer INGLEMOORE CARE CENTER		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 311 SOUTH LIVINGSTON AVENUE, LIVINGSTON, NEW JERSEY 07039	
3a. Employer Representative - Name and Title MARK RUDERMAN, ESQ., Ruderman, Horn & Esmerado, P.C.		3b. Address (If same as 2b - state same) 675 MORRIS AVENUE, SPRINGFIELD, NJ 07081	
3c. Tel. No. (973) 467-5111	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) HEALTH CARE		4b. Principal product or service HEALTH CARE	5a. City and State where unit is located: LIVINGSTON, NEW JERSEY
5b. Description of Unit Involved Included: Full-time, regular part-time and per diem Activity Aides. Excluded: All supervisors under the Act, and all other employees.			6a. No. of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/07/2018 and Employer declined recognition on or about 11/26/2018 (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_  
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 12/14/2018	11c. Election Time(s): 10:00 A.M. - 11:00 A.M. AND 2:00 P.M.-3:00 P.M.	11d. Election Location(s): 311 SOUTH LIVINGSTON AVENUE, LIVINGSTON, NEW JERSEY 07039	
12a. Full Name of Petitioner (including local name and number) DISTRICT 1199J, NUHCE, AFSCME, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 9-25 ALLING STREET, 3RD FLOOR, NEWARK, NJ 07102	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

AFSCME

12d. Tel No. (973) 624-1199	12e. Cell No.	12f. Fax No. (973) 622-0801	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title ARNOLD SHEP COHEN, ATTORNEY		13b. Address (street and number, city, state, and ZIP code) 60 PARK PLACE, 6 TH FLOOR, NEWARK, NJ 07102	
13c. Tel No. (973) 642-0161	13d. Cell No.	13e. Fax No. (973) 802-1055	13f. E-Mail Address ASC@OXFELDCOHEN.COM

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) ARNOLD SHEP COHEN	Signature 	Title ATTORNEY	Date 11/28/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-231982

Date Filed

12/3/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**

Grand Street Properties

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**

50 Regent Street Jersey City NJ 07302

**3a. Employer Representative - Name and Title:**

Zuzzanna Kessler

**3b. Address (if same as 2b - state same):**

same

**3c. Tel. No.**

201-693-0333

**3d. Cell No.**

201-320-8415

**3e. Fax No.****3f. E-Mail Address****4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

real estate development

**4b. Principal Product or Service**

residential rental

**5a. City and State where unit is located:**

Jersey City NJ

**5b. Description of Unit Involved:****Included:**

#10 #30 #50 Regent #333 Grand - Housekeepers &amp; Concierge employees

**Excluded:**

Office clerical, guards and supervisors

**6a. Number of Employees in Unit:**

27

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

None

**8b. Address:****8c. Tel. No.****8d. Cell No.****8e. Fax No.****8f. E-Mail Address****8g. Affiliation, if any:****8h. Date of Recognition or Certification****8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☒ If so, approximately how many employees are participating?

(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

None

**10a. Name****10b. Address****10c. Tel. No.****10d. Cell No.****10e. Fax No.****10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election:

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**

December 21

**11c. Election Time(s):**

7:30 - 9 AM and #3:30 - 5 PM

**11d. Election Location(s):**

Breakroom

**12a. Full Name of Petitioner (including local name and number):**

Local 621 UCTIE Union

**12b. Address (street and number, city, State and ZIP code):**

40-26 235 Street Douglaston, NY 11363

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

None

**12d. Tel. No.**

718-326-4052

**12e. Cell No.**

516-780-3112

**12f. Fax No.**

718-880-1995

**12g. E-Mail Address**

atalamo@uctie.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**

Stephen Goldblatt

**13b. Address (street and number, city, State and ZIP code):**

44 Court Street Suite 1217 Brooklyn NY 11201

**13c. Tel. No.**

718-332-6474

**13d. Cell No.**

917-771-8010

**13e. Fax No.****13f. E-Mail Address**

goldblattlegal@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**

Stephen Goldblatt

**Signature****Title**

Attorney

**Date**

11/30/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

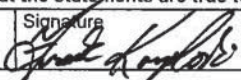
22-RC-232009

Date Filed

12/3/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> MONMOUTH ENERGY, INC.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 6000 Asbury Avenue, Tinton Falls, New Jersey 07724	
<b>3a. Employer Representative - Name and Title:</b> Steve Lynch, Site Supervisor/Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (732) 922-3733	<b>3d. Cell No.</b> (732) 963-5439	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> slynch@montaukenenergy.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Landfill Gas Collection and Power Plant		<b>4b. Principal Product or Service</b> Electricity Generation	
<b>5a. City and State where unit is located:</b> Tinton Falls, New Jersey		<b>5b. Description of Unit Involved:</b> Included: Plant Operator and Field Technician Excluded: Supervisor/Manager	
<b>6a. Number of Employees in Unit:</b> 2		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Wednesday, Dec. 12, 2018		<b>11c. Election Time(s):</b> 9:00 A.M.	
<b>11d. Election Location(s):</b> 6000 Asbury Avenue, Tinton Falls, NJ			
<b>12a. Full Name of Petitioner (including local name and number):</b> IUOE Local 68, 68A, 68B, 68C, 68D		<b>12b. Address (street and number, city, State and ZIP code):</b> 11 Fairfield Place, West Caldwell, NJ 07006	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers AFL-CIO			
<b>12d. Tel. No.</b> (973) 244-5800	<b>12e. Cell No.</b> (973) 945-0393	<b>12f. Fax No.</b> (973) 227-3785	<b>12g. E-Mail Address</b> fkorszoloski@local68.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Frank Korszoloski, Assistant BA/Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 11 Fairfield Place, West Caldwell, NJ 07006	
<b>13c. Tel. No.</b> (973) 244-5800	<b>13d. Cell No.</b> (973) 945-0393	<b>13e. Fax No.</b> (973) 227-3785	<b>13f. E-Mail Address</b> fkorszoloski@local68.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Frank Korszoloski		<b>Signature</b> 	<b>Title</b> Assistant BA/Organizer
		<b>Date</b> 11/30/18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

22-RC-232474

Date Filed

December 10, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

The Transportation Corporation, d.b.a. The Used Car Club, d.b.a. WeBuy

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

7833 Sepulveda Blvd Ste D  
CA Van Nuys 91405-6434

**3a. Employer Representative - Name and Title**

Jesse DeCrescenzo

**3b. Address (If same as 2b - state same)**

675 Glenoaks Blvd Unit C  
CA San Fernando 91340-4803

**3c. Tel. No.**

(818) 254-8150

**3d. Cell No.**

(424) 653-8691

**3e. Fax No.**

**3f. E-Mail Address**

jesse@webuycars.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Others

**4b. Principal product or service**

Vehicle wholesaler

**5a. City and State where unit is located:**

Newton, NJ

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

2

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) 11/16/2018 and Employer declined recognition on or about 11/30/2018 (Date) (If no reply received, so state). Yes



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
02/02/2018

**11c. Election Time(s):**  
12:00 p.m. to 5:00 p.m. E.S.T.

**11d. Election Location(s):**  
Denville Public Library 121 Diamond Spring Rd Denville, NJ 07834

**12a. Full Name of Petitioner (including local name and number)**

Ryan Lawrence Johnson  
World Association of Motorcar Inspectors, WAMI, New York City Regional Local

**12b. Address (street and number, city, state, and ZIP code)**

78 Sparta Ave Apt 2B  
NJ Newton 07860-2437

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
none

**12d. Tel No.**

(973) 424-3584

**12e. Cell No.**

(973) 424-3584

**12f. Fax No.**

**12g. E-Mail Address**  
ryan.ljohnson@msn.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Ryan Lawrence Johnson

**Signature**

Ryan L. Johnson

**Title**

WAMI President

**Date**

12/10/2018 13:25:48

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
22-RC-232474	December 10, 2018

#### Employees Included

Mobile vehicle inspectors, where each inspector works in all 4 states of NJ, NY, PA, and CT.

#### Employees Excluded

All managers, all administrators, all inspectors not working in all 4 states, and all inspectors unknown to WAMI.